Melissa Sophia Joy, ND
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Mind-Body-Spirit Specialist,
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Acknowledgment and Waiver of Liability

I, _____, hereby acknowledge and agree as follows:

I accept full responsibility for my health and voluntarily complete this Acknowledgment and Waiver of Liability.

I acknowledge that I am seeking the consultation and treatment services of Melissa Sophia Joy, ND for alternative healing suggestions and therapies, which I fully understand are not allopathic medical diagnoses or treatments and that they are not substitutes for medical diagnoses or treatments.

I acknowledge that with respect to any medical conditions or concerns I may have, I am advised to consult with my personal care physician, and understand that Melissa Sophia Joy, ND is not a primary care physician, and I do not view her as my physician. I understand that Dr. Joy does not handle emergencies and does not maintain hospital privileges. If I feel that I have a medical emergency I understand that I need to call 911 or go to the nearest emergency room. I also understand that Melissa Sophia Joy, ND, is not a licensed psychotherapist, and I do not view her as my therapist.

In seeking to become a client of Melissa Sophia Joy, ND, I understand that I am seeking analyses and/or therapies that may not be FDA registered or approved and may not be offered by practicing physicians (allopathic or otherwise) and which may be considered experimental. These include, but are not limited to Herbal Medicine, Nutrition and Nutriceuticals, Hormone Balancing, Somatic Awakening®, Mind-Body-Spirit Counseling, Medical Intuition, Homeopathy, Theta Healing®, Intuition Medicine®, Voice Dialogue, Homeopathy, Flower Essences, Essential Oils, and Energy Balancing techniques.

I agree that if I am taking any medications while under treatment with Melissa Sophia Joy, ND that I will inform her of all such medications and will notify her immediately in the event that there are any changes in my medications. I also agree to let her know if I am or become pregnant or are nursing.

I understand and agree that Melissa Sophia Joy, ND does not make any claims whatsoever, expressed or implied, regarding effects or outcomes of the analyses or therapies provided, and shall not be liable for same.

I understand, acknowledge and agree on behalf of myself, my dependents, heirs, administrators, executors, personal and legal representatives, successors, and assigns, to release and hold harmless Melissa Sophia Joy, ND and any and all of her associates, employees, partners, agents, representatives and anyone else acting on her behalf, from and against any and all liability for any illness, injuries, or death, and for any losses or damages relating thereto (including, but not limited to medical expenses, past or future lost income, and pain and suffering), however occurring, in relation to my consultation with and/or treatment by Melissa Sophia Joy, ND. Without limitation, I understand and agree that neither Melissa Sophia Joy, ND, nor any of her associates, employees, partners, agents, representatives or anyone else acting on her behalf, is liable for any direct, indirect, consequential, or incidental damage, injury, death, loss, delay, or inconvenience of any kind which may be occasioned by reason of any act or omission, including, without limitation, any negligent act or failure to act.

My signature below indicates that I have carefully read and reviewed this Acknowledgment and Waiver of Liability, and I fully understand all of its terms and conditions; I recognize and accept all risks and limitations involved in seeking advice and treatment therapies from Melissa Sophia Joy, ND and associates, employees, agents partners, and representatives thereof; I have not relied upon any other promises, agreements or representations by Melissa Sophia Joy, ND, or any of her associates, employees, agents, partners, representatives or anyone else acting on her behalf concerning the treatment provided or the terms of this Acknowledgment and Waiver of Liability; I have been encouraged by Melissa Sophia Joy, ND to seek the advice of legal counsel concerning this Acknowledgment and Waiver of Liability; and I execute and deliver this Acknowledgment and Waiver of Liability freely and voluntarily and without duress or coercion and with full knowledge of the representations contained herein and the rights relinquished, surrendered, released and discharged hereunder.

I affirm that my typed or handwritten signature represents my legal and binding agreement to these terms, consistent with the U.S. Electronic Signatures in Global and National Commerce Act (E-SIGN Act) and the Uniform Electronic Transactions Act (UETA).

UNDERSTOOD, ACCEPTED AND AGREED

☐ **By checking this box, I confirm that I have read this Patient Liability Waiver and agree to its terms. By typing my name below, I am signing this waiver electronically.**

Date: _____

Client's Signature: _____

Client's Name (print): _____
(State relationship if signing on behalf of client)